

Grafting and De-grafting Mental Illness: the Identity of Madness

Alvise Sforza Tarabochia

University of Kent

Michel Foucault's first thoughts on power stemmed from a series of insights on psychiatry and the asylum.¹ Surprising as it may seem, one of the concepts that can account for these first insights is largely neglected. In fact, 'graft' is not often associated with Foucault, let alone with any theory on madness. Yet Foucault uses it several times – if only between the lines. It is convenient to refer from the beginning to what I believe to be the most clarifying statement that concerns the practice of grafting and its relationship with madness:

For this new reason which reigns in the asylum, madness does not represent the absolute form of contradiction, but instead a minority status, an aspect of itself that does not have the right to autonomy, and can live only *grafted* onto the world of reason.²

In the present article, I wish to discuss the implications of using the practice of *grafting* in order to define madness, as it is the case in Michel Foucault's *Histoire de la Folie*.

1. Introduction

I shall start by answering a trivial question: what is commonly known as a graft? In botany different plants can be grafted to form new species. We take two different species and we form a new one. But when we extend the practice of grafting from botany to a conceptual – and possibly metaphorical – level, an uncanny implication emerges. The relationship between the two plants is not equal: if plant A is grafted onto plant B, it is the latter that gives everything that the new AB species will need to survive (nutrition, water...). If in botany graft is mainly an exchange and a creation, on a conceptual level it is also – and possibly above all – a relationship of power.

When Foucault refers to madness as a graft onto the world of reason it is because this graft unveils a discrimination rather than defines a fusion, or, even better, it defines a fusion insofar as there is an original discrimination. In order to participate in the totality of the social

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² Michel Foucault, *History of Madness* (London and New York: Routledge, 2005), p. 489.

body, madness has to be first discriminated, separated, marked as different, then grafted onto reason, from which, as a grafted plant, it gets all of its sustenance. Besides, the social body, for what concerns madness, seems to build its continuity through a graft.

Therefore, madness lives in a subaltern state to reason, and the identity of madness is precisely what reason needs to exclude in order to define itself. Starting from this point of view, this article wishes to address how the identity of madness is affected by this subaltern position, by this graft, as it can be inferred from Foucault's position. In fact, it is clear enough that, through his *Histoire de la Folie*, Foucault wished to let emerge the 'unsaid' conditions for such a graft. Thereby, on a first level of analysis I wish to focus on the social aspect of this graft and on the Foucauldian social identity of madness.

This social identity is rooted on a conceptual graft that is enacted on each single individual. In this article I will articulate this subjective aspect of the graft through the shift between positivist psychiatry (where madness is understood as an organic dysfunction of man's nature) and phenomenological psychiatry (where madness is considered as an alteration of man's being-in-the-world). Briefly, I will consider mental illness as a device for the social graft: all the stigma associated with the social category of madmen, through 19th century positivist psychiatry, is grafted onto the very nature of the human being. In order to undo the effects of such a deep graft, phenomenological psychiatry enacts an opposed movement. That is to say, a sort of eidetic reduction (*épochè*) capable of restoring a more authentic relationship with sick subjects.

Last but not least, I will show how, in the work of Franco Basaglia (1924-1980), the Italian anti-institutional psychiatrist, the two perspectives converge. On one side, Basaglia needs a therapeutic approach capable of recognising and fighting what was grafted onto the suffering human being: the image of madness as a disease, mingled with social prejudices such as danger and scandal; that is to say, a perspective capable of treating madness as a human condition, and madmen as human beings and subjects. On the other hand, according to Basaglia, the asylum has to be destroyed: the space in which madmen were confined, once fallen, allows them to return into society. The destruction of the physical space of the asylum is the destruction of the conceptual space from which madness was grafted onto the world of reason: the conditions of this graft no longer subsist, and madness is unconditionally allowed inside society.

In substance, it seems that, in these three different perspectives, defining an identity of madness relies on a graft. What these perspectives tell us is that, if there is something like an

identity of madness, the strategy to conceptualise it has to undertake a movement of return: a return from a conceptual state and a physical space from which madness is grafted onto the world of reason. An unconditional return to a state to which madness may have – paradoxically – never belonged and to a space which it may have never inhabited. In this article, I wish to show how the concept of graft can account for both the traditional relationship between reason and unreason and also for the paradoxical movement of return that could subvert such a relationship.

2. Michel Foucault on the asylum and positivist psychiatry

Madness becoming a graft onto the world of reason is, according to Foucault, the birthmark of a form of repression and exclusion that was once associated with lepers. After the era of the great confinement, when madmen were associated indiscriminately with criminals, poor and indigents, after Pinel's and Tuke's moral treatment, madness is now to be secluded in a more sophisticated and specific place. In the asylum, under the cover of a new born medical science and in the name of public decorum, economic conditions produce an overlap in legal and medical powers aimed at containing social scandal and curing what was soon to be known as mental illness.

Thus, madness shifts from extreme passion, animality and unreason to a disease, whose primary characteristic is not – as one would expect from an illness – a specific medical symptom, but its undefined liaisons with social dangerousness. Therefore, this shift forces madmen to become a minority inside society itself, defined only by the means of the ruling culture and in exact opposition to its moral dictates: the humanitarian act of dividing the sick from the criminals and freeing them from chains is certainly 'not unreason liberated, but madness long since mastered.'³

The age of the asylum created a specific space (both physical and conceptual) for madness. This space was soon delivered to the influence of what is commonly referred to as positivist psychiatry: a current stemming from Wilhelm Griesinger's (1817-1868) definition of mental illness as a brain disease.⁴ Understood and treated only in medical terms, madness is grafted onto the very nature of human being, giving start to a peculiar form of naturalistic reductionism. Man, reduced to his nature, carries into his very being his dysfunction and is consequently treated as corrupted and dangerous in his own nature. On an individual level,

³ Michel Foucault, *History of Madness* (London and New York: Routledge, 2005), p. 489.

⁴ Wilhelm Griesinger, *Mental Pathology and Therapeutics* (New York: Hafner Pub. Co, 1965).

this is the perfect device to enact the social graft: sick human beings, in becoming inmates of the asylum, are eradicated from society, secluded in a special space, delivered to the only ones able to deal with this new form of social dangerousness: physicians. Therefore, reason declines setting itself against an excluded background, negating its opposite and, eventually, grafting onto itself the uncomfortable burden of a huge minority, carefully guarded from sane eyes, and closely studied by the psychiatrists, its custodians. Henceforth, the identity of madness will depend entirely on the world of reason to be defined, to be spotted, to be confined and to be healed, and this is why Foucault can refer to it as a graft.

3. Phenomenological psychiatry

This twofold exclusion – from society and from reason – is what phenomenological psychiatry and the Italian work of psychiatric deinstitutionalisation aim at overcoming.

In the wake of Husserl's motto ('To the things themselves!'), Karl Jaspers – who is regarded as the founder of phenomenological psychiatry – wrote his masterpiece (*Allgemeine Psychopathologie*, 1913), in order to appreciate and describe the subjective phenomena as experienced by the patients themselves. Jaspers' aim was to overcome the positivist objectification of mental illness, which moved from the explanation of natural psychic phenomena, categorising them into pre-determined systems of symptoms and syndromes. In other words, positivist psychiatry's categories refer to *a priori* models of health and illness, whereas Jaspers sought an *a posteriori* approach.

To 'go back to the things themselves', for Jaspers, means to return to the immediate contact with the patient's subjectivity, rather than cataloguing his symptoms into given organic categories. Clearly, such a contact has to proceed from a dialogue. What Freud debatably inaugurated, that is to say, an approach based on dialogue as opposed to external observation, is emphasised by the most renowned of Jaspers' followers and one of the key influences of Basaglia's thought: Ludwig Binswanger (1881-1966). Psychiatrist and director of the Kreuzlingen sanatorium, Binswanger was the first to articulate Jaspers' psychopathology with Heidegger's existential analysis, thus creating a psychiatric research method known as *Daseinsanalyse* (or anthropological phenomenology). According to Binswanger, there are two ways of practising psychiatry:

One leads away from ourselves toward theoretical determinations, i.e., to the perception, observation, and destruction of man in his actuality, with the aim in mind of scientifically constructing an adequate picture of him (an

apparatus, 'reflex mechanism', functional whole, etc.). The other leads 'into ourself', but not in the mode of analytic-psychology (which would again make us into objects), nor characterologically (which would objectify us with regard to our individual psychopathological 'class').⁵

Avoiding any form of categorisation, his *Daseinsanalyse* was based on a completely equal relationship between the psychiatrist and the patient (he called it the 'loving encounter'). This relationship relies entirely upon dialogue. As opposed to psychoanalysis – which in the patient's words would have sought the emergence of a traumatic event – the *Daseinsanalyse* tried to rebuild the patient's totality as a human being.

In this context, mental illness is understood not as an organic dysfunction but as a modification of the patient's being-in-the-world, or, in other terms, as a different modality of existence. Sane and insane inhabit the same world and share the same nature. Therefore, they are not any more divided by the walls of a positive science: madness and reason are then understood as different modes of being in such a common world.

Clearly, the therapeutic outcomes of this position are at least very debatable, and the practical resonance of Binswanger's theory belongs to a restricted niche. Moreover, he has never been able to overcome the general idea that 'the essence of madness is the delirium, that is to say it is not an error or a series of errors but it is a completely mistaken relationship with the real.'⁶ On the contrary, he has possibly strengthened this concept.

4. The *epochè* in psychiatry

Yet, something very interesting emerges from both Jaspers and Binswanger, especially in their use of words: in fact, when they refer to this immediate contact with the patient, with the sick, they always seem to imply a return and not an act *per se*. It is a return because psychiatric perception is already corrupted by *a priori* categories, that in turn need to be bracketed to achieve such an immediate relationship with the patient. Although this operation resembles husserlian *epochè*, it is not until recently that this concept assumed a consistent role in psychiatry.

Raymond McCall – psychologist and professor of philosophy of psychiatry – following Husserl, refers to different levels of eidetic reduction, or *epochè*, in psychiatry: one is the

⁵ Ludwig Binswanger, 'Freud's Conception of Man in the Light of Anthropology', in *Being-in-the-World. Selected Papers of Ludwig Binswanger*, ed. by Jacob Needleman (New York and London: Basic Books, Inc, 1962), p. 171.

⁶ Michel Foucault, 'Le Supplice De La Vérité', in *Dits Et Ecrits*, (Paris: Gallimard, 1994), p. 331. Translated from the French by the author of this article.

bracketing of all the non-psychological elements of his investigation (such as behaviour, physical reality...). Another one is transcendental reduction, aimed at referring the subject only to his self-consciousness. The latter is the proper phenomenological reduction, which prompts ‘to overcome the illusions of perfect objectivity’. Only through these reductions the psychiatrist is able to access the patient’s subjectivity.⁷

Conversely, Franco Basaglia gave *epochè* a central role in his entire work. Franco Basaglia is known for reforming Italian psychiatric health care, and especially for regulating compulsory hospitalisation and decreeing the closing of asylums, henceforth entrusting only small territorial centres with psychiatric health care.

In Basaglia’s own words, all of his work was marked by the

attempt to bracket mental illness as a definition and codification of unintelligible behaviours, in order to remove the super-structures given by institutional life and in order to identify in the process of destruction of the sick which part was played by the disease and which by the institution.⁸

Far from considering mental illness entirely as a social product – as was the general anti-psychiatric idea – Basaglia urges himself and his colleagues to abandon *a priori* categories in order to approach the sick in his subjectivity.

It is in these acceptations that *epochè* is to be considered as the conceptual device of a de-grafting. Mental illness, once grafted onto man’s nature, is returned through an *epochè* to the totality of human being, insofar as objectivity is sacrificed in order to appreciate the subject and his existence.

5. Franco Basaglia and the paradoxical return of madness

As we have seen, the social and the subjective perspectives converge in Franco Basaglia’s thought and work: the destruction of the asylum aims at deleting not only that physical space in which madmen were secluded, but also that metaphorical space from which madness could live only grafted onto the world of reason. Through the aforementioned *epochè*, on the one hand, madness is returned to the domain from which it was excluded (reason). On the other hand, free from objective categories, the psychiatrist is able to reach the totality of the patient’s subjectivity without reducing him to his nature. In Basaglia’s opinion, then, madmen

⁷ Raymond J McCall, *Phenomenological Psychology: An Introduction* (Madison, Wis: University of Wisconsin Press, 1983), pp. 56-59.

⁸ *Scritti (1953-1968). Dalla Psichiatria Fenomenologica All'esperienza Di Gorizia*, ed. by Franca Ongaro Basaglia, (Torino: Einaudi, 1981), p. XXII. Translated from the Italian by the author of this article.

and society, on one side, and, on the other, psychiatrist and patient should recover an equal relationship, which is not based any more on a conceptual graft.

Yet, it is a strange restitution, a strange recovery: there is not such moment in history during which madmen belonged to society, during which madness belonged to reason or during which there was an equal relationship between sane and insane. The paradox is clear to Basaglia, who made of the very concept of contradiction one of his key theoretical assumptions:

To underline contradictions means to create the opening of a fracture. [...] In the time that elapses from the explosion of the contradiction and its covering (for nothing else can happen), an occasion is determined: that of a consciousness rising on the part of public opinion.⁹

Therefore, keeping these contradictions open is the key element of Basaglia's strategy. In order to deploy such a strategy, we need to unveil the devices that kept the contradictions of madness silent, one of which is the *doppio della follia* (the double of madness). This double – that is what society and medicine made of madness – is grafted onto madness itself, understood as a human condition, as subjective suffering, as a modality of existence. That is to say, on one side this double is a condition confused with public scandal, delinquency, indigence and on the other it is what remains of a message muted by the monologue of reason.

6. De-grafting madness

During one of his Brazilian Conferences, Basaglia said:

I don't know what madness is. It can be everything or nothing. It is a human condition. Inside us, madness exists and it is present in the same way as reason is. The problem is that society, in order to define itself as 'civil', should accept both reason and madness. Conversely, this society acknowledges madness as a part of reason, and reduces it to that reason as long as there is a science entrusted with its elimination. The asylum needs to exist as long as it makes the irrational become rational. When someone is mad and enters the asylum, he ceases to be mad to become ill. He becomes rational insofar as he is ill. The problem is to untie this knot, to overcome institutionalised madness and to recognise madness where it begins: in life.¹⁰

To untie this knot – or should we call it 'graft'? – means to destroy the asylum, the space where, marginalised and secluded, madness could live only as grafted onto the world of

⁹ Franco Basaglia, 'Conversazione: A Proposito Della Nuova Legge 180', *Scritti* (1980), pp. 481-482. Translated from the Italian by the author of this article.

¹⁰ Franco Basaglia, *Conferenze Brasiliane* (Milano: Cortina Raffaello, 2000), p. 28. Translated from the Italian by the author of this article.

reason. To abate the walls of this marginal space means to return madness to that society to which it always belonged but from which it was originally excluded.

At the same time, mental illness as a category imposed by the dominating culture has to be de-grafted from madness as a human condition, in order to return madmen to their responsibility as human beings, because

in our opinion, madness is life, tragedy, tension. It is something serious. Conversely, mental illness is the void, the ridiculous, the mystification of something that there is not, an *a posteriori* construction built in order to keep the irrational concealed. The only one allowed to speak is Reason, the reason of the fittest, the reason of the State and never that of the outcast, of the emarginated, of those who don't have.¹¹

In conclusion, these three different perspectives tell us that if there is something like an identity of madness it has then to be sought through a paradoxical return. It is a return to a time and space where it always belonged but where it has never been. For madness never did participate in the world of reason nor in the dominant social sphere. It did so only as that excluded, against which reason and society could set to define themselves in a negative fashion. In other words, madness never participated in the world of reason, except as a graft. Therefore, this paradoxical return requires an acknowledgement that madness inhabits everyday life as a graft, confined and controlled in a space (both physical and conceptual) from which it has to be de-grafted, if we want to let the long forsaken *stultifera navis* sail once again, this time to return madness, with all its open contradictions, inside society and inside reason.

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¹¹ Franco Basaglia, 'Presentazione Inedita', in *Non Ho L'arma Che Uccide Il Leone*, ed. by Giuseppe Dell'Acqua (Viterbo: Stampa Alternativa, 2007), p. 5. Translated from the Italian by the author of this article.